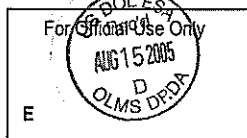


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7352</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Shannon</u> <u>R</u> <u>Silva</u> P.O. Box, Bldg., Room No., if any Street <u>4695 Leathers Street</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92117</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 683</u> Labor Organization File Number <u>036-805</u> P.O. Box, Building and Room Number, if any Street <u>2731 B Street</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92102</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Gallo Wine Company</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2650 Commerce Way</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90040</u>	7.a. Nature of Interest, Transaction, or Income. <u>January 23 - Dinner</u> 7.b. Amount. <u>\$140</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed _____	On _____ Date	_____ Telephone Number

Name of Person Filing Shannon Silva	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Rx Prescription Solutions</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Mailstop LC07-119</p> <p>Street 3515 Harbor Blvd.</p> <p>City Costa Mesa</p> <p>State California ZIP Code + 4 92626</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name San Diego County Teamsters Employers Trust</p> <p>Trade Name, if any: STEFA</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>11.a. Nature of such dealing.</p> <p>Provide prescription benefits to the trust</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>July 29 - Golf</p> <p>12.b. Amount. \$65</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing Shannon Silva

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Gallo Wine Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2650 Commerce Way

City Los Angeles

State California

ZIP Code + 4 90040

7.a. Nature of Interest, Transaction, or Income.

January 24 Dinner

7.b. Amount.

\$60

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Gallo Wine Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2650 Commerce Way

City Los Angeles

State California

ZIP Code + 4 90040

7.a. Nature of Interest, Transaction, or Income.

January 25 Brunch

7.b. Amount.

\$60

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Rael & Letson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 250

Street One Harbor Center

City Suisun City

State California ZIP Code + 4 94585

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego County Teamsters Employers Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Consultant to the trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner 12/04

12.b. Amount.

\$84

Name of Person Filing Shannon Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name California Dental Network

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 184

Street 1971 E. Street

City Santa Ana

State California ZIP Code + 4 92705

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State California ZIP Code + 4

11.a. Nature of such dealing.

Provide dental services to members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

February 2 - Lunch

12.b. Amount.

\$30

Name of Person Filing Shannon Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name California Dental Network

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 184

Street 1971 E Street

City Santa Ana

State California ZIP Code + 4 92705

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provide dental services to members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

March 16 - Lunch

12.b. Amount.

\$30

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Net

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 S Arroyo Parkway

City Pasadena

State California ZIP Code + 4 91105

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego County Teamsters Employers Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Health Care Provider

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

January 29 - Golf

12.b. Amount.

\$80

Name of Person Filing Shannon Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Net

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 S Arroyo Parkway

City Pasadena

State California ZIP Code + 4 91105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego County Teamsters Employers Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Health Care Provider

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

August 13 - Golf

12.b. Amount.

\$85

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California ZIP Code + 4 92108

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego County Teamsters Employers Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Administer the trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

April 8 - Golf

12.b. Amount.

\$56

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Associated Third Party Administrators</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>Suite 207</u> Street <u>2831 Camino del Rio South</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92108</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>San Diego County Teamsters Employers Trust</u> Trade Name, if any: <u>STEFA</u> P.O. Box, Bldg., Room No., if any <u>Suite 207</u> Street <u>2831 Camino del Rio South</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92108</u>	11.a. Nature of such dealing. <u>Administer the trust</u>
	11.b. Approximate dollar value of such dealing. <u></u> 12.a. Nature of interest held or income received. <u>October 19 - Golf</u> 12.b. Amount. <u>\$56</u>

Name of Person Filing Shannon Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego County Teamsters Employers Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Administer the trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

December 3 - Dinner

12.b. Amount.

\$84

Name of Person Filing Shannon Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego County Teamsters Employers Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Administer the trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

11/29-12/4 - Foundation Meeting - Airfare, Hotel, Taxi and meals

12.b. Amount.

\$1,850



Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Shannon R Silva

Print Name

8-12-05

Date

Shannon R Silva

Signature